Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

Medical Assistance Administration

ABCD

Access to Baby and Child Dentistry

Supplemental Billing Instructions

[WAC 388-535-1245]

November 2002

About this publication

These are <u>supplemental</u> billing instructions.
Please refer to MAA's Dental Program Billing Instructions for a complete listing of dental services for which ABCD children qualify.

This publication supersedes all previous MAA ABCD Dental Billing Instructions.

Published by the Medical Assistance Administration
Washington State Department of Social and Health Services
November 2002

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Important Contacts

Where do I call for information on

> **Becoming a DSHS provider;
> Submitting a provider change of
> address or ownership; or
> Questions about the status of a
> provider application?**
>
> Provider Enrollment
> Toll-Free   (866) 545-0544

Where do I send my dental bills?

> **Hard Copy Billing:**
> Division of Program Support
> PO Box 9253
> Olympia WA 98507-9253

**Who do I call to request free in-office
provider training?**

> Field Services Unit
> (360) 725-1024
> (360) 725-1027
> (360) 725-1022
> (360) 725-1023

Where do I call if I have questions on

> **Payments, denials, general questions
> regarding claims processing, Healthy
> Options?**
>
> Provider Relations Unit
> (800) 562-6188
>
> **Private insurance or third party
> liability, other than Healthy Options?**
>
> Coordination of Benefits Section
> (800) 562-6136
>
> **Electronic Billing?**
> Electronic Media Claims Help Desk
> (360) 725-1267
>
> **Internet Billing?**
> http://maa.dshs.wa.gov/ecs.htm

**Where can I view and download MAA's
Billing Instructions or Numbered
Memorandum?**

> **Go to:**
> http://maa.dshs.wa.gov/downloads/publi
> cationsfees.htm

Definitions

This section defines terms, abbreviations, and acronyms used in these billing instructions that relate to the Medical Assistance Program.

Access to Baby and Child Dentistry (ABCD) – A program to increase access to dental services in targeted areas for Medicaid eligible infants, toddlers, and preschoolers up through the age of five. [WAC 388-535-1050]

American Dental Association (ADA) – The ADA is a national organization for dental professionals/dental societies.

Anterior – Teeth in the front of the mouth. Specifically only these permanent teeth: 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, and 27 and these primary teeth: C, D, E, F, G, H, M, N, O, P, Q, and R.

By Report (BR) – A method of payment for a covered service, supply or equipment which:

- Has no maximum allowable established by MAA;
- Is a variation on a standard practice; or
- Is rarely provided.
[WAC 388-535-1050]

Client - An applicant for, or recipient of, DSHS medical care programs.

Code of Federal Regulations (CFR) - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

Community Services Office (CSO) - Field offices of the Department of Social and Health Services located in communities throughout the state which administer various services of the department at the community level.

Core Provider Agreement - A basic contract that MAA holds with medical providers serving MAA clients. The provider agreement outlines and defines terms of participation in the Medicaid program.

Current Dental Terminology, third edition (CDT 3) – A systematic listing of descriptive terms and identifying codes for reporting dental services and procedures performed by dental practitioners. CDT is published by the Council on Dental Benefit Programs of the American Dental Association (ADA). [WAC 388-535-1050]

Department - The state Department of Social and Health Services.

Division of Developmental Disabilities (DDD) - The division within DSHS responsible for administering and overseeing services and programs for clients with developmental disabilities.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Maximum Allowable - The maximum dollar amount MAA will reimburse a provider for specific services, supplies, or equipment.

Medicaid - The state and federally funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs. Also known as Title XIX.

Medical Assistance Administration (MAA) - The administration within the department of social and health services authorized by the secretary to administer the acute care portion of the Title XIX Medicaid and state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.

Medical Identification (ID) card – The form the Department of Social and Health Services uses to identify clients of medical programs. Medical ID cards are good only for the dates printed on them. Clients will receive a Medical ID card in the mail each month they are eligible.

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. [WAC 388-500-0005]

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each Medical Assistance client consisting of:

a) First and middle initials (or a dash (-) must be entered if the middle initial is not indicated);
b) Six-digit birthdate, consisting of *numerals only* (MMDDYY);
c) First five letters of the last name (and spaces if the name is fewer than five letters); and
d) Alpha or numeric character (tiebreaker).

Posterior – Teeth and tissue towards the back of the mouth. Specifically, only these permanent teeth: 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, and 32 and these primary teeth: A, B, I, J, K, L, S, and T.

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement with the department to furnish medical [dental] care, goods and/or services to clients; and
- Is eligible to receive payment from the department. [WAC 388-500-0005]

Revised Code of Washington (RCW) - Washington State laws.

State Unique Procedure Code(s) – MAA procedure code(s) used for a specific service(s) where there is not an ADA-CDT or CPT procedure code available or appropriate.

Usual and Customary – The fee that the provider usually charges non-Medicaid customers for the same service or item. This is the maximum amount that the provider may bill MAA. [WAC 388-535-1050]

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

Access to Baby and Child Dentistry (ABCD) Program

What is the ABCD Program?

The Access to Baby and Child Dentistry (ABCD) program is an initiative to increase access to dental services for Medicaid eligible infants, toddlers, and preschoolers. The program's goal is to ensure that positive dental experiences in early childhood will lead to lifelong practices of good oral health. This is done in part by identifying and removing obstacles to early preventive treatment, such as the lack of transportation to a dental office, language interpretation issues, etc. For further information, see *How does the ABCD Program work?*

The ABCD program is a partnership between the public and private sectors, including:

- ✓ The Department of Social and Health Services (DSHS) Medical Assistance Administration (MAA);
- ✓ The University of Washington School of Dentistry;
- ✓ The Washington State Dental Association;
- ✓ The Washington Dental Service Foundation;
- ✓ Local dental societies;
- ✓ Local health jurisdictions; and
- ✓ Other funding sources.

The mission is to identify Medicaid-eligible infants and toddlers who have not yet reached their fifth birthday and to match each child to an ABCD-certified dentist. Children will remain in the ABCD program until their sixth birthday.

The ABCD program encourages the use of proven and effective preventive techniques (e.g., oral health instructions, glass ionomers), while disallowing the use of less effective interventions (e.g., prophylaxis for children 0-5 years of age).

Please note: ABCD children are entitled to the full scope of care as described in the MAA <u>Dental Billing Instructions</u>. These <u>ABCD Billing Instructions</u> identify those specific services that are eligible for "add-on" fees or additional payments.

What are the goals of the ABCD Program?

The ABCD program will:

- Positively affect the oral health status of the participating children by ensuring early preventive treatments, thus avoiding more traumatic and costly care in the future.

- Examine the cost effectiveness of preventive treatment over restorative care.

- Involve the children, parent(s)/guardians(s), advocates, and dental providers to create a high level of community satisfaction.

- Evaluate the effect of an enhanced access/prevention program on low-income children's utilization of dental services using four variables (structure, history, cognition, and expectations).

- Examine the effects of improved access and enhanced preventive dentistry on the parent's/guardian's beliefs and expectations about children's oral health, satisfaction, and fear. By encouraging positive parental attitudes towards dental care, we can ensure that children receive timely intervention.

- Provide critical information regarding early interventions and cost containment to support statewide implementation of the ABCD Program.

How does the ABCD program work?

The following chart lists the people/agencies involved in the ABCD Program and shows how they interact to ensure eligible children receive preventive dental services.

Who...	Responsibility...
Healthcare providers and community service programs including Local Health Jurisdictions	Identify eligible MAA clients and refer them for orientation.
Local community ABCD enrollment units (function may not be available in all counties)	Provide an orientation to the client and/or parent(s)/guardian(s) and prepares the family and child for the dental visit.
	Enroll the client and family into the ABCD program and provide limited oral health information and training in correct office behavior.
	Provide the client with an ABCD program identification (ID) card. The client's parent(s)/guardian(s) must show this ID card to the dentist to prove the client is eligible for the program.
	Assure that obstacles to care, such as lack of transportation and limited English proficiency, are addressed.
	Coordinate with local agencies in providing outreach and linkages services to eligible clients.
ABCD Program-Certified Dentists	Provide preventative and restorative treatment for an eligible client.
	Bill MAA for provided services according to these <u>ABCD Program Billing Instructions</u>.
	Perform follow-up with the client's parent(s)/ guardian(s). (See *Family Oral Health Instruction* section.)

Who...	Responsibility...
Local Dental Societies	Oversee provider activities and perform peer review.
Medical Assistance Administration (MAA)	Reimburses program-certified dentists for services covered under this program.
University of Washington School of Dentistry	Provides technical and procedural consultation on the enhanced treatments and conducts continued provider training and certification.
Washington Dental Service Foundation and other funding sources	Provides funding and technical assistance to support client outreach and linkage, and provider recruitment.

Client Eligibility

Who is eligible?

In addition to an ABCD identification card, eligible clients will have a DSHS Medical IDentification card containing DSHS eligibility information. <u>Before</u> you provide any service to a Medical Assistance client, be sure to check the client's current monthly Medical ID card.

Clients whose Medical ID cards have one of the following identifiers are eligible for dental services under the ABCD Program:

Medical Program Identifier	Medical Program
CNP	Categorically Needy Program
CNP – CHIP	Categorically Needy Program - Children's Health Insurance Program
LCP-MNP	Limited Casualty Program/ Medically Needy Program

Are clients enrolled in managed care eligible?

Clients, **5 years old and younger**, who are enrolled in managed medical health care plans should have an identifier in the *HMO* column on their Medical ID card. These clients **are eligible for all Medicaid-covered dental services and the ABCD Program under the fee-for-service program.**

See MAA's <u>Dental Program Billing Instructions</u> for eligibility information regarding services other than those outlined in this manual.

Family Oral Health Education

- A Family Oral Health Education visit (state-assigned procedure code **4475D**) is allowed twice per year, **per family**.
- This Family Oral Health Education visit should be at least 20-30 minutes in duration.
- Document the duration of the visit in the written record.
- Bill MAA under the Patient Identification Code (PIC) of the first child seen in the family. **Do not use the parent's PIC.**

You must provide **all** of the following services during a Family Oral Health Education visit:

1. **Risk Assessment**: Assess the risk of dental disease for the child. Obtain a history of previous dental disease activity for this child and any siblings from the parent(s)/guardian(s). Also note the dental health of the parent(s)/guardian(s).

2. **"Lift the Lip" Training**: Show the "Lift the Lip" videotape or flip chart provided to you at the certification workshop. Have the parent(s)/guardian(s) practice examining the child using the lap position. Ask if the parent(s)/guardian(s) feels comfortable doing this once per month.

3. **Teeth Cleaning Training**: Demonstrate how to position the child to clean the teeth. Have the parent(s)/guardian(s) actually practice cleaning the teeth. Encourage teeth cleaning as a treatment for teething. Record the parent's/guardian's response.

4. **Dietary Counseling**: Talk with the parent(s)/guardian(s) about the need to use a cup, rather than a bottle, when giving the child anything sweet to drink. Note any other dietary recommendations you make.

5. **Fluoride Supplements**: Discuss fluoride supplements with the parent(s)/guardian(s). The dentist must write a fluoride prescription for the child, if appropriate. Let the parent/guardian know fluoride supplements are covered under MAA's Prescription Drug Program. Fluoride prescriptions written by the dentist may be filled at any Medicaid-participating pharmacy. Ensure that the child is not already receiving fluoride supplements through a prescription written by the child's physician.

6. **Follow-up**: Within three months after a family oral health education visit, contact the parent(s)/guardian(s) to remind them about lifting the lip, cleaning the child's teeth, and using fluoride supplements.

   All training and follow-up contacts must be documented in the client's chart.

Billing

How do I bill?

Base Procedures and Add-On Codes

- When you bill for services provided to ABCD clients, bill both the American Dental Association (ADA) base procedure code **AND** the applicable state-unique "add-on" procedure code.

- You must bill the procedure and its add-on code on **the same ADA claim form**.

- In addition to the services in these supplemental billing instructions, children **are also eligible** for the full scope of dental care listed in MAA's Dental Program Billing Instructions.

  Services in the MAA Dental program not identified in these supplemental billing instructions are not eligible for add-on fees, but may be given to the child as necessary and billed to MAA.

Bill MAA your usual and customary fee. If your usual and customary fee for a covered service is less than the combined maximum allowable for the base procedure and add-on fee, bill as follows:

Bill the maximum allowable for the base code **and** the balance under the add-on fee.

> **EXAMPLE:** Dr. Sorrel billed a **periodic oral evaluation (ADA CDT procedure code D0120)** for an ABCD child and also the **add-on (state-unique procedure code 4463D)**.
>
> The combined maximum allowable fee for this procedure under the ABCD program is $27.00. Dr. Sorrel's usual and customary charge is $23.00. Dr. Sorrel would bill $22.00 for procedure code D0120 (the maximum allowable for this code) and the remainder of his usual fee ($1.00) for add-on procedure code 4463D.

Fee Schedule

Procedure Code	Description	Maximum Allowable

NOTE: Shaded boxes indicate unique ABCD codes.

Initial Comprehensive Oral Evaluation:

Procedure Code	Description	Maximum Allowable
D0150	**Comprehensive oral evaluation** For MAA purposes, this is to be considered an initial exam. One initial evaluation allowed per client, per provider or clinic. Normally used by a general dentist and/or a specialist when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extra-oral and intra-oral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures and resulting in a treatment plan. Additional diagnostic procedures should be reported separately. Includes requesting transfer of patient records and establishing the client as a patient of record. Includes evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, etc. *Six months must elapse before a periodic evaluation will be reimbursed.*	$34.00
4453D*	**ABCD initial evaluation add-on fee,** child 0 through 5 years old.	3.00

Six (6) months must elapse after an initial oral evaluation and initial evaluation add-on before a periodic exam provided by the same provider can be paid.

* Not an ADA CDT Code. This is a state-unique procedure code.

Procedure Code	Description	Maximum Allowable
D0120	**Periodic oral evaluation** One periodic evaluation is allowed every six months. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation.	$22.00
4463D*	**ABCD periodic evaluation add-on fee**, child 0 through 5 years old.	5.00

Fluoride Varnish Application:

D1203	**Application of fluoride [varnish]** Allowed up to three times in a 12-month period. **Note:** The three applications of fluoride may be at any time during the 12 months.	13.39
4467D*	**Topical application of fluoride varnish, add-on fee**, child 0 through 5 years old. *MAA allows this add-on fee for varnish only; not for gel.*	8.00

Sealants:

4470D*	**Topical application of glass ionomer sealant,** per tooth, to occlusal surfaces of primary molars, child 0 through 5 years old. Tooth designation required. **This is a complete procedure; not an add-on.** **Do not bill with ADA CDT sealant procedure code D1351.** **If you are not using glass ionomer sealant materials, use D1351. See MAA's Dental and Orthodontic Program Billing Instructions.**	24.00

* Not an ADA CDT Code. This is a state-unique procedure code.

Procedure Code	Description	Maximum Allowable

Oral Health Education:

(See *Family Oral Health Education section.*)

4475D*	**Family oral health education.** Allowed twice per calendar year, per family.	$25.00

Amalgams: Allowance includes polishing.

D2110	**Amalgam - one surface, primary.** Tooth and surface designations required.	50.50

D2120	**Amalgam - two surfaces, primary.** Tooth and surface designations required.	62.62

4482D*	**Amalgam add-on fee**, **two surfaces, primary**, child 0 through 5 years old. Tooth and surface designations required.	7.00

D2130	**Amalgam - three or more surfaces, primary.** Tooth and surface designations required.	70.70

4484D*	**Amalgam add-on fee**, **three or more surfaces, primary**, child 0 through 5 years old. Tooth and surface designations required.	15.00

Resin Restorations (Composite/Glass Ionomer):
Allowed only on anterior teeth C through H and M through R.

NOTE: Providers have the choice of using and billing composite base code D2330 plus one of the composite add-on fees, <u>or</u> one of the glass ionomer codes by itself (complete procedure).

D2330	**Resin-based composite** - **1 surface, anterior** Tooth and surface designations required.	60.00

4486D*	**Resin add-on fee**, **one surface, primary or permanent**, child 0 through 5 years old. Tooth and surface designations required.	16.00

* Not an ADA CDT Code. This is a state-unique procedure code.

Procedure Code	Description	Maximum Allowable
D2331	**Resin-based composite – 2 surfaces, anterior** Tooth and surface designations required.	$65.65
4501D*	**Resin add-on fee**, **two surfaces, primary or permanent**, child 0 through 5 years old. Tooth and surface designations required.	23.00
D2332	**Resin-based composite – 3 surfaces, anterior** Tooth and surface designations required.	70.70
4503D*	**Resin add-on fee**, **three surfaces, primary or permanent**, child 0 through 5 years old. Tooth and surface designations required.	32.00
D2335	**Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)**. Tooth and surface designations required.	70.70
4505D*	**Resin add-on fee, involving incisal angle or four or more surfaces, primary or permanent**, child 0 through 5 years old. Tooth and surface designations required.	32.00

Glass Ionomer Restorations:

4488D*	**Glass ionomer – primary or permanent tooth**, child 0 through 5 years old. Tooth and surface designations required. **(This is a complete procedure; not an add-on.)**	71.00

Other Restorative Procedures:

D2930	**Prefabricated stainless steel crown - primary tooth**. Tooth designation required.	90.00
D2336	**Resin-based composite crown, anterior – primary tooth** Tooth designation required.	95.00
4490D*	**Crown add-on fee.** Tooth designation required.	55.00

* Not an ADA CDT Code. This is a state-unique procedure code.

Procedure Code	Description	Maximum Allowable
D2933	**Prefabricated stainless steel crown with resin window – primary upper anterior teeth (C-H)** (This is a complete procedure; no add-on for this procedure.)	105.00

D3220	**Therapeutic pulpotomy**, covered only as complete procedure, once per tooth. Tooth designation required.	$44.44

4492D*	**Therapeutic pulpotomy add-on fee**, child 0 through 5 years old. Tooth designation required.	31.00

Miscellaneous Services:

D9230	**Analgesia, anxiolysis, inhalation of nitrous oxide**	6.18

D9630	**Other drugs and/or medicaments** Pharmaceuticals should be billed using this procedure code. May only be billed with D9220 or D9241. See MAA's Dental and Orthodontic Program Billing Instructions.	**By Report**

D9920	**Behavior management** Involves a patient who documented behavior requires the assistance of **more than one additional dental professional** staff to protect the patient from self-injury while treatment is rendered.	27.00

* Not an ADA CDT Code. This is a state-unique procedure code.

How to Complete the ADA Claim Form

These instructions are based on the American Dental Association 1999, Version 2000.
See sample claim form, page 20.

General Information

- Include any required prior authorization number. Prior authorized claim originals must be completed and returned as the billing document.
- Send only one claim form for payment. If the number of services exceeds one claim form, a second form can be submitted. Please make sure that all necessary claim information (provider number, patient identification code, etc.) is repeated on the second form. Each claim form should show the total charges for the services listed.
- Use either blue or black ink only. **Do not use red ink pens, highlighters, "post-it notes," stickers, correction fluid or tape** anywhere on the claim form or backup documentation. The red ink and/or highlighter will not be picked up in the scanning process or will actually **black out** information. Do not write or use stamps or stickers on claim form.
- These instructions only address those fields that are required for billing MAA.

Send your claims for payment to:

Division of Program Support
PO Box 9253
Olympia WA 98507-9253

Field	Description
2.	**Prior Authorization** – Usually filled in by MAA's Dental Authorization staff.
8.	**Patient Name:** Enter the client's first name, middle initial (if any), and last name.
12.	**Date of Birth** – Enter the client's birthdate (MMDDYY).

Field	Description
13.	**Patient ID #:** Enter the client's **Patient Identification Code (PIC)**. MAA identifies clients by this code, not by their name. This alphanumeric code assigned to each MAA client consists of: • First and middle initials (*or* a dash (-) must be entered if the middle initial is not indicated). • Six-digit birthdate, consisting of numerals only (MMDDYY). • First five letters of the last name (or fewer if the name is less than five letters). • Alpha or numeric character (tiebreaker).

17. **Relationship to Subscriber/ Employee**: Check the appropriate box.

19. **Subscriber/Employee ID # SSN #**: Enter the dental plan ID # of the employee/subscriber.

20. **Employer Name:** Enter the name of the subscriber's employer.

21. **Group no(s):** Enter the group number(s) of the subscriber to the third-party insurance coverage.

22. **Subscriber/Employee Name** (if different from patient's): Enter the name of the employee/subscriber.

28. **Date of Birth**: Enter the birthdate of the employee/subscriber.

31. **Is patient covered by another dental plan?** Check the appropriate response.

32. **Policy #:** If client has third party coverage, indicate the policy #.

36. **Plan/Program Name**

42. **Name of Billing Dentist or Dental Entity:** Enter the dentist's name or business as recorded with MAA.

43. **Phone Number:** Enter provider's phone number.

44. **Provider ID #:** Enter the provider number assigned to you by MAA when you signed your Core Provider Agreement. It is the same seven-digit number that appears on the MAA Remittance and Status Report in the *Provider Number* area at the top of the page. It is this code by which providers are identified, not by provider name. **Without this number, we may be unable to determine the provider and pay the claim.**

46, 50, 51, 52:
Address: Enter the provider's mailing address.

47. **Dentist License #** - Enter the dentist license number.

49. **Place of Treatment**: Enter one of the following codes to show the place of service at which the service was performed:

Office	3	dental office
Hosp.	1	inpatient hospital
	2	outpatient hospital
	5	hospital emergency room
ECF	8	nursing facility
Other	4	client's residence
	6	professional services in an ambulatory surgery center
	9	school-based services

53. **Radiographs or models enclosed?**
Check the appropriate box. If you
check *yes*, indicate how many X-rays
are enclosed.

Note:

- Do not send X-rays when billing
  for services.
- X-rays are necessary only when
  prior authorization is being
  requested.
- Please write "X-rays enclosed"
  on the mailing envelope and
  mail to the Quality Utilization
  Section (see Authorization
  section for address.)

55. **If prosthesis, is this initial
placement?** Enter *yes* or *no*. If *no*,
enter reason for replacement, date(s)
of extraction(s), and if known, dates
of prior placement. If applicable,
chart missing teeth for partial(s).

56. **Is treatment result of occupational
illness or injury?** Check the
appropriate box. If *yes*, describe the
illness or injury and list date(s) of
occurrence/onset.

57. **Is treatment a result of: auto
accident? other accident? neither?**
Check appropriate box. If *yes*, please
describe and give dates.

59. **Examination and treatment plan:**
Each service performed must be
listed as a separate, complete one-
line entry except for x-rays which are
allowed multiple units. **Each
extraction or restoration** must be
listed as a separate line entry.

If billing for removable
prosthodontics, missing teeth must
be noted on the tooth chart.

Date Service Performed: Enter the
six-digit date of service, indicating
month, day, and year (e.g.,
November 1, 2002 = 110102).

Tooth # or Letter: Enter the
appropriate tooth number, letter(s):

- 01 through 32 for permanent
  teeth
- A through T for primary teeth
- SN for supernumerary teeth

Quadrants (Q) or Arches (A) must be
identified in the **tooth number
column** using one of the following
two-digit codes:

UR = Upper Right Quadrant
UL = Upper Left Quadrant
LR = Lower Right Quadrant
LL = Lower Left Quadrant
UA = Upper Arch
LA = Lower Arch

Surface: Enter the appropriate code
from the list below to indicate the
tooth surface worked on. Up to **four
codes** may be listed in this column:

M =   Mesial
D =   Distal
O =   Occlusal
I =   Incisal
B =   Buccal
F =   Facial
L =   Lingual

Procedure Code: Enter the procedure
code from this fee schedule that
represents the procedure or service
performed. The use of any other
procedure code(s) will result in denial of
payment.

Qty - If procedure code description indicates multiple surfaces, do not enter multiple units in **Qty** field

> *Example:* D2386 Resin-based composite – two surfaces, posterior-permanent. **Enter 1 unit in Qty field**.

Description of Services: Give a brief written description of the services rendered. When billing for general anesthesia, enter actual beginning and ending times. If you were assisting in surgery, please state *"surgical assist"* here. In the **Qty** field, enter the number of units, if applicable. (*Units* might mean multiple x-rays using the same procedure code; if two x-rays were taken, enter a 2 in this column. If no number is entered, it is assumed that one unit of service was performed.)

If billing for anesthesia, enter *only* the total # of minutes on the claim.

Fee: Enter **your usual and customary fee** (not MAA's maximum allowable rate) for each service rendered.

Total Fee: Total all charges listed.

Payment by other plan: Enter the amount paid by other insurance for these services. Attach the insurance explanation of benefits (EOB) to the claim.

Patient pays: Enter the balance due after insurance.

60. **Identify all missing teeth with "X."**

61. **Remarks for unusual services:**

This field may be used for justification for the services rendered, the name of any referring provider or facility, or the name of any provider who administered anesthesia.

Example of Remark: *"Jane Doe, CRNA administered anesthesia."* If you wish to use a medical record number, enter in the Remarks area.

62. **Provider Signature:** Enter the performing provider's number if it is different from the one shown in *field 44*. If you are a dentist in group practice, please indicate your **unique identification number and/or name**.

63-66.
Address where treatment was performed: Complete this section if the treatment was performed at a different location than indicated in fields 46, 50, 52, 52.

Dental Claim Form
@American Dental Association, 1999 version 2000

1. ☐Dentist's pre-treatment estimate ☐Dentist's statement of actual services	Specialty (see backside)
2. ☐Medicaid Claim ☐EPSDT	Prior Authorization #

3. Carrier Name
4. Carrier Address
5. City	6. State	7. Zip

PATIENT

8. Patient Name (Last, First, Middle)	9. Address	10. City	11. State
DOE KAREN I			

12. Date of Birth (MM/DD/YYYY)	13. Patient ID #	14. Sex	15. Phone Number	16. Zip Code
01 / 15 / 99	K1011599DOE A	☐M ☐F	( )	

17. Relationship to Subscriber/Employer:
☐Self ☐Spouse ☐Child ☐Other_____

18. Employer/School
Name_____ Address_____

SUBSCRIBER / EMPLOYEE

19. Subs./Emp. ID#/SSN#	20. Employer Name	21. Group #

22. Subscriber/Employee Name (Last, First, Middle)

23. Address	24. Phone Number
	( )

25. City	26. State	27. Zip Code

28. Date of Birth (MM/DD/YYYY)	29. Marital Status ☐Married ☐Single ☐Other	30. Sex ☐M ☐F

39. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

X_____
Signed (Patient/Guardian)   Date (MM/DD/YYYY)

OTHER POLICIES

31. Is Patient covered by another plan	32. Policy #
☐No (Skip 32-37) ☐Yes: ☐Dental or ☐Medical	

33. Other Subscriber's Name

34. Date of Birth (MM/DD/YYYY)	35. Sex ☐M ☐F	36. Plan/Program Name

37. Employer/School
Name_____ Address_____

38. Subscriber/Employee Status
☐Employed ☐Part-time Status ☐Full-time Student ☐Part-time Student

40. Employer/School
Name_____ Address_____

41. I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity.

X_____
Signed (Employee/subscriber)   Date (MM/DD/YYYY)

BILLING DENTIST

42. Name of Billing Dentist or Dental Entity	43. Phone Number	44. Provider ID #	45. Dentist Soc. Sec. or T.I.N.
DENTAL CLINIC	(509) 555-5555	5310000	

46. Address	47. Dentist License #	48. First visit date of current series:	49. Place of treatment ☒Office ☐Hosp. ☐ECF ☐Other 3
ANY STREET	DE00012345		

50. City	51. State	52. Zip Code	53. Radiographs or models enclosed? ☐Yes, How many?___ ☐No	54. Is treatment for orthodontics? ☐Yes ☐No
ANYTOWN	WA	99201		If service already commenced:

55. If prosthesis (crown, bridge, dentures), is this initial placement? ☐Yes ☐No
If no, reason for replacement:_____
Date of prior placement:_____
Date appliances placed_____ Total mos. of treatment remaining_____

56. Is treatment result of occupational illness or injury? ☒No ☐Yes
Brief description and dates_____

57. Is treatment result of: ☐auto accident? ☐other accident? ☒neither
Brief description and dates_____

58. Diagnosis Code Index (optional)
1.___ 2.___ 3.___ 4.___ 5.___ 6.___ 7.___ 8.___

59. Examination and treatment plans – List teeth in order

Date (MM/DD/YYYY)	Tooth	Surface	Diagnosis Index #	Procedure Code	Qty	Description	Fee	Admin. Use Only
11 01 02				D0150	1	Comprehensive Oral Eval	42.00	
11 01 02				4453D	1	ABCD Eval Add-On	3.00	
11 01 02				D1203	1	Application Fluoride Var	15.00	
11 01 02				4467D	1	Fluoride Varnish Add-On	8.00	
11 01 02				4475D	1	Family Oral Health Inst.	25.00	
11 01 02	B	Lo		D2120	1	Amalgam 2 Surface	70.00	
11 01 02	B	Lo		4482D	1	Amalgam Add-On	7.00	

60. Identify all missing teeth with "X"

Permanent
1 2 3 4 5 6 7 8   9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25   24 23 22 21 20 19 18 17

Primary
A B C D E   F G H I J
T S R Q P   O N M L K

61. Remarks for unusual services

Total Fee	170.00
Payment by other plan	
Max. Allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

62. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

X_____
Signed (Treating Dentist)   License #   Date (MM/DD/YYYY)

63. Address where treatment was performed

64. City	65. State	66. Zip Code

Washington Administrative Code (WAC)

WAC 388-535-1245 Access to baby and child dentistry (ABCD) program

The access to baby and child dentistry (ABCD) program is a program established to increase access to dental services in targeted areas for Medicaid-eligible infants, toddlers, and preschoolers. Public and private sectors cooperate to administer the program.

(1)   Client eligibility for the ABCD program is as follows:
    (a)   Clients must be five years of age or younger and reside in targeted areas selected by the medical assistance administration (MAA). Once enrolled in the ABCD program, an eligible client is covered until reaching age six.
    (b)   Eligible clients enrolled in a managed care plan are eligible for the ABCD program under fee-for-service.
    (c)   Eligible clients enrolled in the following medical assistance programs are eligible for the ABCD program:
        (i)   Categorically needy (CN or CNP);
        (ii)   Limited casualty program/medically needy program (LCP/MNP); and
        ~~(iii)   Children's health.~~ ***Discontinued for dates of service on and after 10/1/02.***

(2)   Health care providers and community service programs in the targeted areas identify and refer eligible clients to the ABCD program. If enrolled, the client and family may receive:
    (a)   An ABCD program identification card;
    (b)   Oral health information;
    (c)   Expectations of the client and family, including the importance of keeping appointments;
    (d)   Assistance with obstacles to care, such as lack of transportation; and
    (e)   Case management services, for families who do not cooperate with the training(s) in this subsection.

(3)   Families who do not cooperate with the training(s) in subsection (2) of this section may be disqualified from the ABCD program. The client remains eligible for MAA dental coverage as described in this chapter.

(4)   The University of Washington School of Pediatric Dentistry's continuing education program certifies dental providers to furnish ABCD program services.

(5)   MAA pays enhanced fees to ABCD-certified participating providers for furnishing ABCD program services. In addition to services provided under MAA's dental care program, the ABCD program provides family oral health education, which is allowed twice per year, per family, and must include:

    (a)   Risk assessment;
    (b)   Oral health instruction/training;
    (c)   Dietary counseling;
    (d)   Fluoride supplements, if appropriate; and
    (e)   Documentation in the client's file.

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